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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) LFT000 CIP1/CON2	
To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	In re Application of Konowalchuk and Konowalchuk		
	Application No. 10/016,282		Filed December 6, 2001
	For: Method for Preventing Lesions Caused by Viruses of the Herpesviridae or Proxviridae Family		
	Art Unit 1617	Examiner San-Ming Hui	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.

The requested extension and fee are as follows (check time period desired):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ 110.00	\$ 55.00	\$ 55.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ 420.00	\$ 210.00	\$ 0
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ 950.00	\$ 475.00	\$ 0
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ 1,480.00	\$ 740.00	\$ 0
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ 2,010.00	\$ 1,005.00	\$ 0

- Applicant claims small entity status. See 37 CFR 1.27.
- A check in the amount of the fee is enclosed.
- Payment by credit card. Form PTO-2038 is attached.
- The Director has already been authorized to charge fees in this application to a Deposit Account.
- The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 50-1123. I have enclosed a duplicate copy of this sheet.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

I am the  applicant/inventor.  
 assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).  
 attorney or agent of record. Registration Number 41,226 \_\_\_\_\_.  
 attorney or agent under 37 CFR 1.34(a).  
 Registration number if acting under 37 CFR 1.34(a) \_\_\_\_\_.

August 13, 2004  
Date

  
SIGNATURE

720-406-5385 \_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Sarah J. Smith  
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of \_\_\_\_ one \_\_\_\_\_ forms are submitted.